Fill in this information to identify your case:						
Debtor 1	Ismail A. Musleh	Ismail A. Musleh				
	First Name	Middle Name	Last Name			
Debtor 2	Rushdieh I. Musle	eh .				
(Spouse if, filing) First Name		Middle Name	Last Name			
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F CALIFORNIA			
Case number	17-12658-B-13					

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	327,730.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	36,775.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	364,505.00
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	350,597.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	10,088.00
	Your total liabilities	\$	360,685.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,255.15
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	805.15
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other so	hedules.
7.	■ Yes What kind of debt do you have?		

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Doc 12 Filed 07/21/17 Case 17-12658

Debtor 1	Ismail A. Musleh
Debtor 2	Rushdieh I. Muslel

Case number (if known) 17-12658-B-13

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$; 1 ,	,775.

.21

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	ıl claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

				7/21/17 10:59A
Fill in this inform	ation to identify your case and	this filing:		
Debtor 1	Ismail A. Musleh			
Dahtar 0		lle Name Last Name		
Debtor 2 (Spouse, if filing)	Rushdieh I. Musleh First Name Midd	lle Name Last Name		
United States Ban	kruptcy Court for the: EASTERI	N DISTRICT OF CALIFORNIA		
Omica Glatos Ban				
Case number 1	7-12658-B-13			☐ Check if this is an amended filing
				amended illing
Official For	·m 106Λ/D			
Official For				
	A/B: Property	t an asset only once. If an asset fits in more than one		12/15
	ach Residence, Building, Land, or Cave any legal or equitable interest in	Other Real Estate You Own or Have an Interest In any residence, building, land, or similar property?		
	Ramblewood Drive available, or other description	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
Dinuba	CA 93618-0000	Manufactured or mobile home	Current value of the	Current value of the
City	State ZIP Code	Land Investment property	entire property? \$327,730.00	portion you own? \$327,730.00
Oily	211 0000	☐ Timeshare	Describe the nature of y	
		Other	(such as fee simple, ten	ancy by the entireties, or
		Who has an interest in the property? Check one Debtor 1 only	a life estate), if known. Fee simple	
Tulare		Debtor 2 only	·	
County		Debtor 1 and Debtor 2 only	■ Check if this is com	munity property
		☐ At least one of the debtors and another	(see instructions)	iniumity property
		Other information you wish to add about this iter property identification number:	n, such as local	
		APN: 014-430-053-000		
		or all of your entries from Part 1, including any t number here		\$327,730.00
Part 2: Describe Y	our Vehicles			
someone else drive		erest in any vehicles, whether they are registered ort it on Schedule G: Executory Contracts and Under the motorcycles		chicles you own that

■ No

☐ Yes

Debtor 1 Debtor 2	Ismail A. Mu Rushdieh I. I		Case number (i	if known) 17-12658-B-13
	, ,	or homes, ATVs and other recreational vehicl motors, personal watercraft, fishing vessels, sno		es
■ No				
☐ Yes				
		the portion you own for all of your entries fro ed for Part 2. Write that number here		
Part 3: D	escribe Your Person	nal and Household Items		
Do you o	own or have any le	egal or equitable interest in any of the following	ng items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	hold goods and follows: Major applian	urnishings ces, furniture, linens, china, kitchenware		
☐ No	,	oco, rarinaro, inicio, orinia, ratorioriwaro		
■ Yes	s. Describe			
		Household Furniture		\$5,000.00
□ No		nd radios; audio, video, stereo, and digital equipr phones, cameras, media players, games 4 Televisions, Xbox, 4 Cell Phones, 1 L sound system		music collections; electronic devices \$3,050.00
Exam _l ■ No		figurines; paintings, prints, or other artwork; book	ss, pictures, or other art objects; star	np, coin, or baseball card collections;
	ment for sports ar oles: Sports, photo musical instru	graphic, exercise, and other hobby equipment; b	cycles, pool tables, golf clubs, skis;	canoes and kayaks; carpentry tools;
	. Describe			
■ No		s, shotguns, ammunition, and related equipment		
□ No		othes, furs, leather coats, designer wear, shoes, a	accessories	
			1	\$500.00
		Men and Women clothing		

■ No

☐ Yes. Describe.....

Doc 12

Debtor 2			Case num	ber (if known)	17-12658-B-13
-	-farm animals amples: Dogs, cats, I	birds, horses			
■ No	-				
□ Ye	es. Describe				
14. Any	-	d household items you did	not already list, including any health aids you d	id not list	
	es. Give specific info	ormation			
		Blood pressure machin	ne		\$75.00
		Diabetic Machine			\$75.00
45 A.I	lal the shellow velves s	of all of very outside from D	ant 2 including any anticofee years were have	-44-ah-ad	
			art 3, including any entries for pages you have a	attacned	\$8,625.00
	Describe Your Finance				
Do you	own or have any le	egal or equitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	<i>amples:</i> Money you h	nave in your wallet, in your ho	me, in a safe deposit box, and on hand when you f	ile your petiti	on
	institutions.		ounts; certificates of deposit; shares in credit unions with the same institution, list each.	s, brokerage I	houses, and other similar
	es		Institution name:		
		17.1. Checking	Wells Fargo Checking Account# 833 negetive balance amount \$-649.23	4	\$0.00
	amples: Bond funds,	or publicly traded stocks investment accounts with bro	okerage firms, money market accounts		
□ Ye	es	Institution or issuer	name:		
	-publicly traded sto	ock and interests in incorpo	orated and unincorporated businesses, includir	ig an interes	et in an LLC, partnership, and
■ No	-				
LIY€	es. Give specific info	ormation about them Name of entity:	 % of own	ership:	
Neg Nor	gotiable instruments n-negotiable instrum	include personal checks, cas	tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders nsfer to someone by signing or delivering them.	s .	
■ No					
⊔ Ye	es. Give specific info	rmation about them Issuer name:			
_Exa	•		03(b), thrift savings accounts, or other pension or ρ	orofit-sharing	plans
■ No	-	t congrately			
ЦYE	es. List each accoun	Type of account:	Institution name:		

	ebtor 1 ebtor 2	Ismail A. Rushdieh	Musleh 1. Musleh			Case nun	nber (if known)	17-12658-B-13
22.	Your sh	hare of all un		ou have made so tha		service or use from a com gas, water), telecommunic		es, or others
	_				Institution name	or individual:		
	Annuiti ■ No □ Yes	`	ct for a periodic		you, either for life o	or for a number of years)		
	Interest	s in an educ		account in a quali	fied ABLE program	n, or under a qualified sta	ate tuition prog	ram.
	☐ Yes		Institution nam	e and description. So	eparately file the rec	ords of any interests.11 U	.S.C. § 521(c):	
	■ No	•			than anything list	ed in line 1), and rights o	or powers exerc	cisable for your benefit
		•	c information abo		4h !- 4 - II 4 I			
26.				rade secrets, and o websites, proceeds f				
	☐ Yes.	☐ Yes. Give specific information about them						
				eneral intangibles ve licenses, coopera	tive association hold	lings, liquor licenses, profe	essional licenses	5
	☐ Yes.	Give specific	c information abo	out them				
M	oney or p	property ow	ed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed	to you					
	■ No □ Yes. 0	Give specific	information abo	ut them, including wh	nether you already fi	led the returns and the tax	cyears	
	Examp ■ No		e or lump sum al	mony, spousal supp	ort, child support, m	aintenance, divorce settle	ment, property s	ettlement
	Examp ■ No	oles: Unpaid v benefits				sick pay, vacation pay, w	orkers' compens	ation, Social Security
	Interest	ts in insurar	nce policies	nsurance; health sav	ings account (HSA)	; credit, homeowner's, or r	enter's insuranc	e
	■ No □ Yes. I	Name the ins		of each policy and ny name:	list its value.	Beneficiary:		Surrender or refund value:
	If you a someon	are the benef one has died.		you from someon rust, expect proceed		nce policy, or are currently	entitled to receive	ve property because

Doc 12

	otor 1 otor 2	Ismail A. Musleh Rushdieh I. Musleh			Case number (if known)	17-12658-B-13
_		against third parties, whethe ples: Accidents, employment dis			and for payment	
_	_	Describe each claim				
_	Other o	contingent and unliquidated c	laims of every nature, inclu	ding counterclaims o	of the debtor and rights to	set off claims
_	_	Describe each claim				
_	Any fin ⊐ No	nancial assets you did not alre	ady list			
I	Yes.	Give specific information				
			Any present and/or future savings, or assets not		rest, income,	\$28,150.00
36.		the dollar value of all of your eart 4. Write that number here			es you have attached	\$28,150.00
Par	t 5: Des	scribe Any Business-Related Prop	perty You Own or Have an Inter	est In. List any real esta	te in Part 1.	
37. I	Do you o	own or have any legal or equitable	interest in any business-relate	ed property?		
	No. Go	to Part 6.				
	Yes. G	Go to line 38.				
Par		scribe Any Farm- and Commercia ou own or have an interest in farmla		Own or Have an Interes	st In.	
46.	_ •	ı own or have any legal or equ	itable interest in any farm-	or commercial fishin	g-related property?	
	_	Go to Part 7.				
	☐ Yes.	. Go to line 47.				
Par	t 7:	Describe All Property You Own	or Have an Interest in That You	ı Did Not List Above		
53.		have other property of any koles: Season tickets, country clu		?		
_	■ No	0				
L	→ Yes.	Give specific information				
54.	Add t	he dollar value of all of your e	entries from Part 7. Write th	at number here		\$0.00
Par	t 8:	List the Totals of Each Part of the	s Form			
55.	Part 1	1: Total real estate, line 2				\$327,730.00
56.	Part 2	2: Total vehicles, line 5		\$0.00		
57.	Part 3	3: Total personal and househo	old items, line 15	\$8,625.00		
58.	Part 4	4: Total financial assets, line 3	6	\$28,150.00		
59.	Part 5	5: Total business-related prop	erty, line 45	\$0.00		
60.		6: Total farm- and fishing-rela		\$0.00		
61.	Part 7	7: Total other property not list	ed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 8	66 through 61	\$36,775.00	Copy personal property to	otal \$36,775.00
63.	Total	of all property on Schedule A	/B . Add line 55 + line 62			\$364,505.00
					•	

Fill in this information to identify your case:						
Debtor 1	Ismail A. Musleh					
	First Name	Middle Name	Last Name			
Debtor 2	Rushdieh I. Musl	eh				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		EASTERN DISTRICT C	DF CALIFORNIA			
Case number	17-12658-B-13					

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Household Furniture Line from Schedule A/B: 6.1	\$5,000.00		\$5,000.00	C.C.P. § 703.140(b)(3)
Line from Scredule A/B. 0.1			100% of fair market value, up to any applicable statutory limit	
4 Televisions, Xbox, 4 Cell Phones, 1 Laptop and 1 Surround sound	\$3,050.00		\$3,050.00	C.C.P. § 703.140(b)(3)
system Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Men and Women clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	C.C.P. § 703.140(b)(3)
Line from Scredule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
Blood pressure machine Diabetic Machine	\$75.00		\$75.00	C.C.P. § 703.140(b)(5)
Line from Schedule A/B: 14.1			100% of fair market value, up to any applicable statutory limit	
Any present and/or future tax refund, interest, income, savings, or assets	\$28,150.00		\$28,150.00	C.C.P. § 703.140(b)(5)
not presently known Line from Schedule A/B: 35.1			100% of fair market value, up to any applicable statutory limit	

	btor 1 btor 2	Ismail A. Musleh Rushdieh I. Musleh	Case number (if known)	17-12658-B-13
3.	(Sub	you claiming a homestead exemption of more than \$160,375? ect to adjustment on 4/01/19 and every 3 years after that for cases filed on or No	after the date of adjustment.)	
		Yes. Did you acquire the property covered by the exemption within 1,215 days ☐ No	s before you filed this case?	
		□ Yes		

						7/21/17 10:59A
Fill in this	information	n to identify yoເ	ır case:			
Debtor 1	lei	mail A. Musle	h			
DCDIOI 1		st Name	Middle Name Last Name			
Debtor 2	Rı	ushdieh I. Mus	sleh			
(Spouse if, filir		st Name	Middle Name Last Name			
United Sta	tes Bankrupt	tcy Court for the:	EASTERN DISTRICT OF CALIFORNIA			
Case numb	ner 17-12	2658-B-13				
(if known)	17 12	1000 10			☐ Check	if this is an
					_	ded filing
O((; ;)	- 40					
	Form 10					
Sched	ule D: (Creditors	Who Have Claims Secured	by Property	y	12/15
	opy the Addit		If two married people are filing together, both are equal out, number the entries, and attach it to this form. On			
1. Do any cr	editors have	claims secured by	y your property?			
□ No.	Check this b	oox and submit t	his form to the court with your other schedules. You	u have nothing else to	o report on this form.	
■ Yes	. Fill in all of	the information	below.			
		ured Claims				
			and the second state of th	Column A	Column B	Column C
	m. If more tha	an one creditor has	more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as pos	ssible, list the	claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
	ssible, list the oper Home	•	cal order according to the creditor's name. Describe the property that secures the claim:	Do not deduct the value of collateral. \$350,597.00	that supports this claim \$327,730.00	If any \$22,867.00
2.1 Calil		•	_	value of collateral.	claim	If any
2.1 Calil	oer Home	•	Describe the property that secures the claim:	value of collateral.	claim	If any
2.1 Calil	per Home r's Name	•	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that	value of collateral.	claim	If any
2.1 Calil	per Home r's Name	•	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply.	value of collateral.	claim	If any
2.1 Calil Credito	oer Home or's Name Sox 24610 homa City	Loans, In	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent	value of collateral.	claim	If any
2.1 Calil Credito	oer Home or's Name Sox 24610 homa City	Loans, In	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	value of collateral.	claim	If any
2.1 California Credito Po E Okla Numbe	oer Home or's Name Sox 24610 homa City	Loans, In 7, OK 73124 State & Zip Code	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent	value of collateral.	claim	If any
2.1 Calil Credito Po E Okla Numbe	oer Home or's Name Sox 24610 homa City or, Street, City, S the debt? C	Loans, In 7, OK 73124 State & Zip Code	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	value of collateral. \$350,597.00	claim	If any
2.1 Caliform Creditor Po E Okla Number Who owes Debtor 1	oer Home or's Name Sox 24610 homa City r, Street, City, Sthe debt? Conly	Loans, In 7, OK 73124 State & Zip Code	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	value of collateral. \$350,597.00	claim	If any
2.1 Calification Creditor Po E Okla Number Who owes Debtor 1 Debtor 2	cor Home In the Name Sox 24610 homa City or, Street, City, Sthe debt? Conly only	Loans, In 7, OK 73124 State & Zip Code heck one.	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan)	value of collateral. \$350,597.00	claim	If any
2.1 Calification Creditor Po E Okla Number Who owes Debtor 1 Debtor 2 Debtor 1	oer Home In the Name Sox 24610 homa City Tr., Street, City, Some Sonly only and Debtor 2	Loans, In 7, OK 73124 State & Zip Code heck one.	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien)	value of collateral. \$350,597.00	claim	If any
2.1 Caliform Creditor Creditor Creditor Creditor Po E Okla Number Substituting Debtor 1 Debtor 1 At least of Creditor Cr	oer Home In the Name Sox 24610 homa City Tr., Street, City, Some Sonly only and Debtor 2	Loans, In 7, OK 73124 State & Zip Code heck one.	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan)	value of collateral. \$350,597.00	claim	If any
Po E Okla Number Who owes Debtor 1 Debtor 1 At least 0 Check if	cor Home or's Name Sox 24610 homa City r, Street, City, S the debt? Conly only and Debtor 2 one of the deb	Loans, In 7, OK 73124 State & Zip Code heck one.	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	value of collateral. \$350,597.00	claim	If any
Po E Okla Number Who owes Debtor 1 Debtor 1 At least 0 Check if	cor Home or's Name Sox 24610 homa City r, Street, City, S the debt? Conly only and Debtor 2 one of the deb this claim re	Loans, In 7, OK 73124 State & Zip Code heck one.	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	value of collateral. \$350,597.00	claim	If any
Po E Okla Numbe Who owes Debtor 1 Debtor 2 Debtor 1 At least 0 Check if	cor Home or's Name Sox 24610 homa City r, Street, City, S the debt? Conly only and Debtor 2 one of the deb this claim re	Loans, In 7, OK 73124 State & Zip Code heck one.	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	value of collateral. \$350,597.00	claim	If any
Po E Okla Numbe Who owes Debtor 1 Debtor 2 Debtor 1 At least 0 Check if	cor Home or's Name Sox 24610 homa City r, Street, City, S the debt? Conly only and Debtor 2 one of the deb this claim re	Loans, In 7, OK 73124 State & Zip Code heck one. only stors and another elates to a Opened	Describe the property that secures the claim: 1185 East Ramblewood Drive Dinuba, CA 93618 Tulare County APN: 014-430-053-000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	value of collateral. \$350,597.00	claim	If any

Write that number here:

\$350,397.00

\$350,597.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Doc 12 Filed 07/21/17 Case 17-12658

						ΑN
Fill i	n this information to identify your cas	se:				
Debt	or 1 Ismail A. Musleh					
	First Name	Middle Name Last Name				
Debt	110001101111111111111111111111111111111					
(Spou	se if, filing) First Name	Middle Name Last Name				
Unite	ed States Bankruptcy Court for the: E	ASTERN DISTRICT OF CALIFORNIA		-		
Case	e number 17-12658-B-13					
(if kno					Check if this is an	
					amended filing	
∩ffi	cial Form 106E/F					
		o Have Unsecured Claims			12/15	
		art 1 for creditors with PRIORITY claims and Par	4 O for oreditore with	NONDDIODITY -I		_
	lule D: Creditors Who Have Claims Secure	I Leases (Official Form 106G). Do not include and d by Property. If more space is needed, copy the f you have no information to report in a Part, do	Part you need, fill it o	out, number the e	entries in the boxes on the	ļ.
eft. A	and case number (if known).					
eft. A	and case number (if known).	cured Claims				_
eft. Anname Part	and case number (if known).					_
eft. Anname Part 1. C	and case number (if known). 1: List All of Your PRIORITY Unsec					_
eft. Anname Part 1. E	and case number (if known). 1: List All of Your PRIORITY Unsection of the priority unsecured cl					_
Part 1. [and case number (if known). 1: List All of Your PRIORITY Unsection and creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim h ccording to the creditor's name. If you have more tha	ere and show both prio	rity and nonpriority	amounts. As much as	
Part 1. C 2. L id p	and case number (if known). 1: List All of Your PRIORITY Unsection and creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be possible, list the claims in alphabetical order account 1. If more than one creditor holds a particular transfer or the control of the claims in alphabetical order account 1. If more than one creditor holds a particular transfer or the claims in alphabetical order account 1. If more than one creditor holds a particular transfer or the claims in alphabetical order account 1.	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim h ccording to the creditor's name. If you have more tha	ere and show both prio an two priority unsecure et.)	rity and nonpriority	amounts. As much as	
Part 1. C 2. L id p	and case number (if known). 1: List All of Your PRIORITY Unsection and creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be possible, list the claims in alphabetical order account 1. If more than one creditor holds a particular transfer or the control of the claims in alphabetical order account 1. If more than one creditor holds a particular transfer or the claims in alphabetical order account 1. If more than one creditor holds a particular transfer or the claims in alphabetical order account 1.	a creditor has more than one priority unsecured clain oth priority and nonpriority amounts, list that claim hocording to the creditor's name. If you have more that claim, list the other creditors in Part 3.	ere and show both prio an two priority unsecure	rity and nonpriority ed claims, fill out th Priority	vamounts. As much as the Continuation Page of	
Part 1. C 2. L id p	and case number (if known). 1: List All of Your PRIORITY Unsection and creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be possible, list the claims in alphabetical order account 1. If more than one creditor holds a particular transfer or the control of the claims in alphabetical order account 1. If more than one creditor holds a particular transfer or the claims in alphabetical order account 1. If more than one creditor holds a particular transfer or the claims in alphabetical order account 1.	a creditor has more than one priority unsecured clain oth priority and nonpriority amounts, list that claim hocording to the creditor's name. If you have more that claim, list the other creditors in Part 3.	ere and show both prio an two priority unsecure et.) Total claim	rity and nonpriority ed claims, fill out th Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	D
Part 1. C 2. L ic p f (I	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has becossible, list the claims in alphabetical order account 1. If more than one creditor holds a particular for an explanation of each type of claim, see the priority Creditor's Name	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim he coording to the creditor's name. If you have more the ular claim, list the other creditors in Part 3. the instructions for this form in the instruction booklet. Last 4 digits of account number	ere and show both prio an two priority unsecure et.) Total claim	rity and nonpriority ed claims, fill out th Priority amount	Nonpriority amount	D
Part 1. C 2. L ic p f (I	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be consible, list the claims in alphabetical order act and the claims of each type of claim, see the consistency of the	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim he coording to the creditor's name. If you have more the ular claim, list the other creditors in Part 3. the instructions for this form in the instruction booklet. Last 4 digits of account number	ere and show both prio an two priority unsecure et.) Total claim	rity and nonpriority ed claims, fill out th Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	D
Part 1. C 2. L ic p f (I	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be cossible, list the claims in alphabetical order accept 1. If more than one creditor holds a particular of the priority Creditor's Name Franchise Tax Board Priority Creditor's Name Bankruptcy Section, MS: A-346 P.O. Box 2952	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim he coording to the creditor's name. If you have more the ular claim, list the other creditors in Part 3. the instructions for this form in the instruction booklet. Last 4 digits of account number	ere and show both prio an two priority unsecure et.) Total claim	rity and nonpriority ed claims, fill out th Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	D
Part 1. C 2. L ic p f (I	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be consible, list the claims in alphabetical order act and the claims of each type of claim, see the consistency of the	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim he coording to the creditor's name. If you have more the ular claim, list the other creditors in Part 3. the instructions for this form in the instruction booklet. Last 4 digits of account number	ere and show both prio an two priority unsecure et.) Total claim	rity and nonpriority ed claims, fill out th Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	D
Part 1. C 2. L ic p f (I	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured cl. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be possible, list the claims in alphabetical order account 1. If more than one creditor holds a particular for an explanation of each type of claim, see the priority Creditor's Name Bankruptcy Section, MS: A-346 P.O. Box 2952 Sacramento, CA 95812-2952	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim h ccording to the creditor's name. If you have more the ular claim, list the other creditors in Part 3. the instructions for this form in the instruction bookle Last 4 digits of account number When was the debt incurred?	ere and show both prio an two priority unsecure et.) Total claim	rity and nonpriority ed claims, fill out th Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	D
Part 1. C 2. L ic p f (I	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be cossible, list the claims in alphabetical order at 2 art 1. If more than one creditor holds a particular of the company of the	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim h coording to the creditor's name. If you have more tha ular claim, list the other creditors in Part 3. the instructions for this form in the instruction bookle Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Ch	ere and show both prio an two priority unsecure et.) Total claim	rity and nonpriority ed claims, fill out th Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	D
Part 1. C 2. L ic p f (I	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured cl No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim is a particular to the priority of claim in alphabetical order and priority Creditor's Name Bankruptcy Section, MS: A-340 P.O. Box 2952 Sacramento, CA 95812-2952 Number Street City State Zlp Code Who incurred the debt? Check one.	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim h ccording to the creditor's name. If you have more tha ular claim, list the other creditors in Part 3. the instructions for this form in the instruction bookle Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Ch Contingent Unliquidated	ere and show both prio an two priority unsecure et.) Total claim	rity and nonpriority ed claims, fill out th Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	0
Part 1. C 2. L ic p f (I	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured cl No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be precised in the claims in alphabetical order at the priority what type of claim, see it is a claim has be precised in the claims in alphabetical order at the priority what type of claim, see it is a claim has be precised in the claims in alphabetical order at the c	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim h ccording to the creditor's name. If you have more tha ular claim, list the other creditors in Part 3. the instructions for this form in the instruction bookle Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Ch Contingent	ere and show both prio an two priority unsecure et.) Total claim	rity and nonpriority ed claims, fill out th Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	<u>0</u>
Part 1. C 2. L ic p f (I	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim is a particular to the priority of claims in alphabetical order and priority Creditor's Name Bankruptcy Section, MS: A-340 P.O. Box 2952 Sacramento, CA 95812-2952 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim h coording to the creditor's name. If you have more tha ular claim, list the other creditors in Part 3. the instructions for this form in the instruction bookle Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Ch Contingent Unliquidated Disputed	ere and show both prio an two priority unsecure et.) Total claim	rity and nonpriority ed claims, fill out th Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	0
Part 1. C 2. L ic p f (I	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured claims. If yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim in alphabetical order and priority. If more than one creditor holds a particular to represent the priority Creditor's Name Bankruptcy Section, MS: A-346 P.O. Box 2952 Sacramento, CA 95812-2952 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim he coording to the creditor's name. If you have more that ular claim, list the other creditors in Part 3. the instructions for this form in the instruction bookle Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Ch Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations debt Taxes and certain other debts you owe	ere and show both prior and two priority unsecure et.) Total claim \$0 eck all that apply	rity and nonpriority and claims, fill out the Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	0
Part 1. C pp f (I) 2. L ic pp f (I)	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured classes. No. Go to Part 2. Yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim is a particular to the claims in alphabetical order and the control of the claims in alphabetical order and the claims. Franchise Tax Board Priority Creditor's Name Bankruptcy Section, MS: A-340 P.O. Box 2952 Sacramento, CA 95812-2952 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim h coording to the creditor's name. If you have more tha ular claim, list the other creditors in Part 3. the instructions for this form in the instruction bookle Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Ch Contingent Unliquidated Type of PRIORITY unsecured claim: Domestic support obligations	ere and show both prio an two priority unsecure et.) Total claim \$0 eck all that apply	rity and nonpriority and claims, fill out the Priority amount	vamounts. As much as the Continuation Page of Nonpriority amount	0
Part 1. C pp f (I) 2. L ic pp f (I)	and case number (if known). 1: List All of Your PRIORITY Unsection any creditors have priority unsecured claims. If yes. List all of your priority unsecured claims. If dentify what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim it is. If a claim has be priority what type of claim in alphabetical order and priority what type of claim, see the constant of the priority of the claims in alphabetical order and priority Creditor's Name Bankruptcy Section, MS: A-346 P.O. Box 2952 Sacramento, CA 95812-2952 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim h coording to the creditor's name. If you have more tha ular claim, list the other creditors in Part 3. the instructions for this form in the instruction bookle Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Ch Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you ow Claims for death or personal injury wh Other. Specify	ere and show both prio an two priority unsecure et.) Total claim \$0 eck all that apply	rity and nonpriority ed claims, fill out th Priority amount .00	vamounts. As much as the Continuation Page of Nonpriority amount	0

Debtor 1 Ismail A. Musleh Debtor 2 Rushdieh I. Musleh	Ca	ase number (_{if know})	17-12658-B-13	
2.2 Internal Revenue Service	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Priority Creditor's Name Centralized Insolvency Operations	When was the debt incurred?			
P.O. Box 7346 Philadelphia, PA 19101-7346				
Number Street City State Zlp Code	As of the date you file, the claim is: Che	eck all that apply		
Who incurred the debt? Check one.	☐ Contingent			
☐ Debtor 1 only	☐ Unliquidated			
☐ Debtor 2 only	☐ Disputed			
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
\square At least one of the debtors and another	☐ Domestic support obligations			
■ Check if this claim is for a community debt	■ Taxes and certain other debts you owe	the government		
Is the claim subject to offset?	Claims for death or personal injury while	le you were intoxicated		
■ No	Other. Specify			
☐ Yes	Notice for possi	ble and potential ta	xes owed	
2.3 United States Attorney	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Priority Creditor's Name for Internal Revenue Service 2500 Tulare Street Ste. 4401 Fresno, CA 93721-1318	When was the debt incurred?		-	
Number Street City State ZIp Code	As of the date you file, the claim is: Che	eck all that apply		
Who incurred the debt? Check one.	☐ Contingent			
☐ Debtor 1 only	☐ Unliquidated			
Debtor 2 only	☐ Disputed			
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least one of the debtors and another	☐ Domestic support obligations			
■ Check if this claim is for a community debt	■ Taxes and certain other debts you owe	the government		
Is the claim subject to offset?	☐ Claims for death or personal injury while	le you were intoxicated		
■ No	Other. Specify			
Yes	Notice for possi	ble and potential ta	xes owed	
United States Department of		#0.00	#0.00	* 0.00
2.4 Justice Priority Creditor's Name	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Civil Trial Section, Western Region Box 683, Ben Franklin Station	When was the debt incurred?		-	
Washington, DC 20044				
Number Street City State ZIp Code	As of the date you file, the claim is: Che	eck all that apply		
Who incurred the debt? Check one.	☐ Contingent			
☐ Debtor 1 only	☐ Unliquidated			
☐ Debtor 2 only	☐ Disputed			
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
\square At least one of the debtors and another	☐ Domestic support obligations			
Check if this claim is for a community debt	Taxes and certain other debts you owe	_		
Is the claim subject to offset?	☐ Claims for death or personal injury while	le you were intoxicated		
■ No	Other. Specify			
Yes	Notice for possi	ble and potential ta	xes owed	
Part 2: List All of Your NONPRIORITY Unsect	ured Claims			
Do any creditors have nonpriority unsecured clain	ns against you?			

Do any creditors have nonpriority unsecured claims against you?

 \square No. You have nothing to report in this part. Submit this form to the court with your other schedules.

	r 1 Ismail A. Musleh r 2 Rushdieh I. Musleh		Case number (if know)	17-12658-B-13
	Yes.			
un: tha	st all of your nonpriority unsecured claims in the a secured claim, list the creditor separately for each cla in one creditor holds a particular claim, list the other of the control of the control of t	im. For each claim listed, identify what t	type of claim it is. Do not list	claims already included in Part 1. If more
				Total claim
4.1	Afni	Last 4 digits of account number	9989	\$1,953.00
	Nonpriority Creditor's Name			
	Po Box 3097	When was the debt incurred?	Opened 05/17	
	Bloomington, IL 61702 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	• ,	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		ebts
	Yes	Other. Specify Collection	Attorney At T	
4.2	Ally Financial	Last 4 digits of account number	4136	\$5,319.00
	Nonpriority Creditor's Name Attn: Bankruptcy		Opened 10/07 Last	t Activo
	Po Box 380901	When was the debt incurred?	7/05/11	Active
	Bloomington, MN 55438			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not
	No	Debts to pension or profit-sharin	a plans, and other similar de	ebts
	Yes	·	•	
	□ YeS	Other. Specify Automobile	,	

Debtor 2	Ismail A. Musleh Rushdieh I. Musleh		Case number (if know) 17-12658-B-13				
	Citibank/The Home Depot Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129	Last 4 digits of account number When was the debt incurred?	9048 Opened 03/06 Last Active 4/19/17	\$387.00			
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	_	☐ Student loans	. J.				
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc					
	EDC/Enhanced Deceyory Com	land delimita of account months	7540	# 520.00			
	ERC/Enhanced Recovery Corp Nonpriority Creditor's Name	Last 4 digits of account number	7516	\$530.00			
	Attn: Bankruptcy 8014 Bayberry Rd	When was the debt incurred?	Opened 11/16				
_	Jacksonville, FL 32256 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans					
	☐ Check if this claim is for a community						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Collection	Attorney At T				
	ERC/Enhanced Recovery Corp Nonpriority Creditor's Name	Last 4 digits of account number	8396	\$242.00			
	Attn: Bankruptcy 8014 Bayberry Rd	When was the debt incurred?	Opened 12/15				
_	Jacksonville, FL 32256 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	_						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:				
	At least one of the debtors and another	Student loans	. VIG				
	☐ Check if this claim is for a community debt	<u></u>	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	indican agreement of divorce that you did not				
	■ No	\square Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Collection A Other. Specify Communic	Attorney Comcast Cable ations				

Debtor Debtor	1 Ismail A. Musleh 2 Rushdieh I. Musleh		Case number (if know) 17-12658-B-13	
	LVNV Funding/Resurgent Capital	Last 4 digits of account number	1050	\$628.00
	Nonpriority Creditor's Name Po Box 10497 Greenville, SC 29603	When was the debt incurred?	Opened 06/16	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Tactoring C Bank N.A.	Company Account Credit One	
4.7	Visa Dept Store National Bank/Macy's	Last 4 digits of account number	2310	\$676.00
	Nonpriority Creditor's Name		Opened 03/98 Last Active	
	Attn: Bankruptcy Po Box 8053	When was the debt incurred?	3/29/16	
	Mason, OH 45040			
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin		
	Yes	■ Other. Specify Charge Acc	count	
4.8	Visa Dept Store National Bank/Macy's Nonpriority Creditor's Name	Last 4 digits of account number	0950	\$353.00
	Attn: Bankruptcy Po Box 8053 Mason, OH 45040	When was the debt incurred?	Opened 08/03 Last Active 5/05/11	
-	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	• •	
	Yes	Other. Specify Charge Acc	count	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1 Ismail A. Musleh
Debtor 2 Rushdieh I. Musleh

Case number (if know)

17-12658-B-13

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			T	otal Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
			1	otal Claim
6f.	Student loans	6f.	\$	0.00
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	10,088.00
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	10,088.00
	6b. 6c. 6d. 6e. 6f. 6g. 6h.	 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6a. Domestic support obligations 6a. \$ 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. \$ 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Fill in this infor	mation to identify your	case:		
Debtor 1	Ismail A. Musleh			
	First Name	Middle Name	Last Name	
Debtor 2	Rushdieh I. Musle	eh		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F CALIFORNIA	
	17-12658-B-13			
(if known)				

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the c er, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				-
	Number	Street			_
	City		State	ZIP Code	_
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Otato	Zii Oodc	
2.0	Name				<u> </u>
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			<u> </u>
	Number	Olleet			
	City		State	ZIP Code	_
2.5	<u> </u>				
	Name				_
	1101110				
	Number	Street			_
					<u> </u>
	City		State	ZIP Code	

				//21/17 10:59AF
Fill in this info	rmation to identify your	case:		
Debtor 1	Ismail A. Musleh			
Debter 1	First Name	Middle Name	Last Name	
Debtor 2	Rushdieh I. Musle	eh		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	EASTERN DISTRICT OF C	CALIFORNIA	
Case number	17-12658-B-13			
(if known)	17-12030-B-13			Check if this is an
				amended filing
Official F	orm 106H			
	e H: Your Code	ahtore		40/45
Scriedui	e n. Tour Cou			12/15
people are filin ill it out, and n your name and	g together, both are equa umber the entries in the case number (if known).	ally responsible for supplying boxes on the left. Attach the	ng correct informati e Additional Page to	s complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page, o this page. On the top of any Additional Pages, write as a codebtor.
✓ No Yes				
		lived in a community prope Nevada, New Mexico, Puerto		1? (Community property states and territories include ngton, and Wisconsin.)
	to line 3.	ıse, or legal equivalent live wi	ith you at the time?	
W Tes. Di	a your spouse, lornier spoc	ise, or legal equivalent live wi	in you at the time?	
√ Y	lo ′es.			
	In which community state	or territory did you live?	California	. Fill in the name and current address of that person.
	Name of your spouse, former spo	use, or legal equivalent		
in line 2 ag	gain as a codebtor only if D), Schedule E/F (Official	ors. Do not include your spe that person is a guarantor	or cosigner. Make s	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fill
	mn 1: Your codebtor Number, Street, City, State and ZIF	^P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				Schedule D, line
Name				Schedule E/F, line
				Schedule G, line
Numb	er Street			_
City		State	ZIP Code	
2.2				Cahadula D. lie -
3.2 Name				Schedule D, line Schedule E/F, line Schedule E/F, line
				Schedule E/F, line
Numb	er Street			_
City	2.300	State	ZIP Code	

Fill	in this information to	identify your ca	ase:								
Del	btor 1	Ismail A. Mu	sleh								
1	btor 2 buse, if filing)	Rushdieh I.	Musleh								
Uni	ited States Bankrupt	cy Court for the	EASTERN DISTRICT	OF CALIFORNIA							
Cas	se number 17-1	2658-B-13					Check if this i	s:			
(If kr	nown)			-			☐ An amen	ded filin	g		
							☐ A suppler 13 incom			postpetition owing date:	chapter
0	fficial Form	<u> 1061</u>					MM / DD/	YYYY			
S	chedule I: \	our Inco	ome								12/15
sup spo atta	plying correct infor use. If you are sepa ch a separate shee	mation. If you arated and you	sible. If two married pec are married and not fili r spouse is not filing w On the top of any additi	ng jointly, and your ith you, do not inclu	spouse ide infor	is liv matic	ing with you, inc on about your s	clude ir pouse.	forma	ition about e space is r	your needed,
1.	Fill in your emplo	yment		Debtor 1			Debto	2 or no	on-filin	ng spouse	
	If you have more the		Empleyment status	☐ Employed			☐ Em	oloyed			
	attach a separate information about a	0	Employment status	■ Not employed			■ Not	employ	ed		
	employers.		Occupation								
	Include part-time, self-employed wor		Employer's name								
	Occupation may in or homemaker, if it		Employer's address								
			How long employed t	here?							
Pai	rt 2: Give Deta	ails About Mon	thly Income								
	mate monthly inco		ate you file this form. If	you have nothing to r	eport for	any l	ine, write \$0 in th	ie space). Inclu	de your nor	n-filing
	ou or your non-filing s e space, attach a se		ore than one employer, co	ombine the information	on for all	emplo	oyers for that per	son on t	he line	s below. If y	ou need
							For Debtor 1			or 2 or g spouse	
2.	, ,	U /	ry, and commissions (becalculate what the month		2.	\$	0.00	\$_		0.00	
3.	Estimate and list	monthly overti	me pay.		3.	+\$	0.00	_ +\$		0.00	

Calculate gross Income. Add line 2 + line 3.

\$

0.00

0.00

Debt Debt		Ismail A. Musleh Rushdieh I. Musleh	_		Case	number (if	known	n) .	17-126	58-B-13		
					For	r Debtor 1			For De	btor 2 or	,	
										ing spou		
	Cop	y line 4 here	4.		\$_		0.00	0	\$	0	.00	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$		0.00	0	\$	0	.00	
	5b.	Mandatory contributions for retirement plans	5b.		\$		0.00	0	\$	0	.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$		0.00	0	\$	0	.00	
	5d.	Required repayments of retirement fund loans	5d.		\$		0.00	0	\$	0	.00	
	5e.	Insurance	5e.		\$_		0.00	0_	\$	0	.00	
	5f.	Domestic support obligations	5f.		\$_		0.00	_	\$	0	.00	
	5g.	Union dues	5g.		\$_		0.00	_	\$.00	
	5h.	Other deductions. Specify:	5h.	.+	\$_		0.00) -	+ \$	0	.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_		0.00	0	\$	0	.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_		0.00	0	\$	0	.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$		0.00	n	\$	0	.00	
	8b.	Interest and dividends	8b.		\$		0.00	_	\$.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	t					_				
		settlement, and property settlement.	8c.		\$_		0.00	_	\$.00	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.		\$_ \$		0.00	_	\$.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		•	Ψ_		0.00	_	Ψ	0	.00	
		Specify: Social Security Disability	8f.		\$_	86	9.00	0_	\$	0	.00	
		Supplemental Social Security			\$	30)5.47	7	\$	0	.00	
		Supplemental Social Security Supplemental Social Security	_		\$		0.00	_	\$	305		
	8g.	Pension or retirement income	— 8g.		\$		0.00		\$.00	
	J	Sweetheart Cup Company c/o The	-		-			_	·			
	8h.	Other monthly income. Specify: Northern Trust Company	8h.	.+	\$_	5	50.2	1 -	+ \$	0	.00	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	1,22	24.68	3	\$	30	5.47	,
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		1,224.68	+	\$_	305	= \$	i	1,530.15
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: Son's monthly contribution to the household	depe							e <i>dule J.</i> 11. + \$		575.00
		Son's monthly contribution to the household								\$		575.00
		Son's monthly contribution to the household							<u> </u>	\$		575.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certallies							, if it	12. \$_		3,255.15
13.	Do :	you expect an increase or decrease within the year after you file this form No.	1?								mbin nthly	ed income
		Yes. Explain:										

Case 17-12658

Doc 12

Debtor 1 Ismail A. Musleh Rushdieh I. Musleh

Case number (if known)

17-12658-B-13

						1			
Fill	in this informa	tion to identify yo	our case:						
Deb	tor 1	Ismail A. Mu	sleh			Chec	k if this is:		
							An amended filing		
	tor 2 ouse, if filing)	Rushdieh I. I	Musleh				A supplement shov 13 expenses as of	ving postpetition chapte the following date:	er
(Spc	ouse, ii iiiiig)						TO OXPONOCO GO OF	are renewing date.	
Unit	ed States Bankr	ruptcy Court for the	: EASTE	RN DISTRICT OF CALIFO	RNIA	_	MM / DD / YYYY		
Cas	e number 17	7-12658-B-13							
1	nown)	12000 2 10							
\bigcirc	fficial Ea	rm 106J							
		J: Your							2/15
info	ormation. If m		eded, atta	. If two married people ar ch another sheet to this t n.					
Par	t 1: Descr	ribe Your House	ehold						
1.	Is this a joir								
	☐ No. Go to	line 2.							
	Yes. Doe	es Debtor 2 live	in a separa	ate household?					
	■ N	0							
			st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of Debt	or 2.		
_	_		_						
2.	Do you have	e dependents?	■ No						
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?	
	Do not state	the						□ No	
	dependents	names.						☐ Yes	
								□ No	
								☐ Yes ☐ No	
								☐ Yes	
								□ No	
								☐ Yes	
3.		oenses include		No					
	•	f people other t d your depende		Yes					
	•			_					
exp	imate your ex	tate Your Ongoi openses as of your address as a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental <i>Schedule</i>	orm as a su J, check th	pplement in a Cha e box at the top o	pter 13 case to report f the form and fill in th	t ne
Incl	lude expense	s paid for with	non-cash	government assistance it	vou know				
the	value of sucl	h assistance an		luded it on Schedule I: Y			V		
(Off	ficial Form 10)6I.)					Your expe	enses	
4.		or home owners and any rent for th		ses for your residence. In	nclude first mortgage	e 4. \$		0.00	
	If not include	led in line 4:							
	4a. Real e	estate taxes				4a. \$		0.00	
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00	
				ipkeep expenses		4c. \$		0.00	
5.		owner's associat			mo oquity laana	4d. \$ 5. \$		0.00	
J.	Auditiolidi	norigage paying	ente for yo	our residence, such as ho	ne equity loans	J. Þ		0.00	

Debtor Debtor		Case num	ber (if known)	17-12658-B-13
			,	
6. U 1 6a	tilities: a. Electricity, heat, natural gas	6a.	\$	173.99
6k	•	6b.	· · · · · · · · · · · · · · · · · · ·	119.69
60		6c.	\$	59.48
60		6d.	· -	11.99
	pod and housekeeping supplies	7.	\$	325.00
	hildcare and children's education costs	8.	\$	0.00
_	othing, laundry, and dry cleaning	9.	· ·	25.00
	ersonal care products and services	10.	· · · · · · · · · · · · · · · · · · ·	20.00
	edical and dental expenses	11.	· : ———	25.00
	ransportation. Include gas, maintenance, bus or train fare.		Ψ	23.00
	o not include car payments.	12.	\$	45.00
	ntertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	haritable contributions and religious donations	14.	\$	0.00
5. In	surance.			
-	o not include insurance deducted from your pay or included in lines 4 or 20.			
	5a. Life insurance	15a.	\$	0.00
15	b. Health insurance	15b.	\$	0.00
15	5c. Vehicle insurance	15c.	\$	0.00
	5d. Other insurance. Specify:	15d.	\$	0.00
6. T a	axes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	pecify:	16.	\$	0.00
	stallment or lease payments:	47-	Φ.	
	7a. Car payments for Vehicle 1	17a.	·	0.00
	7b. Car payments for Vehicle 2	17b.	· :	0.00
	7c. Other. Specify:	17c.	\$	0.00
	d. Other. Specify:	17d.	\$	0.00
	our payments of alimony, maintenance, and support that you did not report as		\$	0.00
	educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). ther payments you make to support others who do not live with you.	10.	\$	0.00
	pecify:	19.	Ψ	0.00
	ther real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		our Income	
	a. Mortgages on other property	20a.		0.00
	Db. Real estate taxes	20b.		0.00
	Oc. Property, homeowner's, or renter's insurance	20c.	· -	0.00
	Od. Maintenance, repair, and upkeep expenses	20d.	· · · · · · · · · · · · · · · · · · ·	0.00
	e. Homeowner's association or condominium dues	20e.		0.00
	ther: Specify:		+\$	0.00
	• • -			0.00
	alculate your monthly expenses			
	2a. Add lines 4 through 21.		\$	805.15
22	2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22	2c. Add line 22a and 22b. The result is your monthly expenses.		\$	805.15
2 C	plaulate your manthly not income			_
	alculate your monthly net income. Ba. Copy line 12 (your combined monthly income) from Schedule I.	23a.	¢	2 255 45
	Bb. Copy your monthly expenses from line 22c above.	23a. 23b.	·	3,255.15
23	bo. Copy your monthly expenses from line 220 above.	∠30.	-φ	805.15
23	Bc. Subtract your monthly expenses from your monthly income.			
20	The result is your <i>monthly net income</i> .	23c.	\$	2,450.00
	•			
	you expect an increase or decrease in your expenses within the year after y			
	or example, do you expect to finish paying for your car loan within the year or do you expect you odification to the terms of your mortgage?	ır mortgage	payment to incre	ease or decrease because of
	, , , , , , , , , , , , , , , , , , , ,			
	No.			
L	Yes. Explain here:			

Fill in this info	rmation to identify your	case:		
Debtor 1	Ismail A. Musleh			
	First Name	Middle Name	Last Name	
Debtor 2	Rushdieh I. Musl	eh		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F CALIFORNIA	
Case number	17-12658-B-13			
(if known)				☐ Check if this is a amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	s NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have that they are true and correct.	e read the summary and schedules filed with this declaration and
X /s/ Ismail A. Musleh	X /s/ Rushdieh I. Musleh
X /s/ Ismail A. Musleh Ismail A. Musleh Signature of Debtor 1	X /s/ Rushdieh I. Musleh Rushdieh I. Musleh Signature of Debtor 2

Fill ir	this infor	mation to identify you	r case:			
Debto	or 1	Ismail A. Musleh				
		First Name	Middle Name	Last Name		
Debto		Rushdieh I. Mus	Middle Name	LastNama		
(Spous	e if, filing)	First Name	Middle Name	Last Name		
Unite	d States Ba	inkruptcy Court for the:	EASTERN DISTRICT O	F CALIFORNIA		
Case	number	17-12658-B-13				
(if knov	_					Check if this is an
						amended filing
Offi	cial Fo	rm 107				
Sta	tement	of Financial	Affairs for Indivi	duals Filing for E	Bankruptcy	4/10
				are filing together, both are this form. On the top of ar		
numb	er (if know	n). Answer every que	stion.			
Part	Give I	Details About Your Ma	rital Status and Where Yo	u Lived Before		
1 V	What is you	r current marital statu	162			
ı. v	viiat is you	i current mantai statt	15:			
	Married	I				
	☐ Not ma	rried				
2. C	Ouring the I	ast 3 years, have you	lived anywhere other than	where you live now?		
_	_	• ,	·	•		
	No					
L	Yes. Lis	st all of the places you l	ived in the last 3 years. Do	not include where you live no	W.	
	Debtor 1 P	rior Address:	Dates Debtor	1 Debtor 2 Prior A	ddress:	Dates Debtor 2
			lived there			lived there
				egal equivalent in a commu		
states	and territor	res include Arizona, Ca	lifornia, Idaho, Louisiana, N	evada, New Mexico, Puerto F	Rico, Texas, Washington and	l Wisconsin.)
	□ No					
ı	Yes. Ma	ake sure you fill out Scl	nedule H: Your Codebtors (0	Official Form 106H).		
Part :	Expla	in the Sources of You	r Income			
4. C	id you hav	e any income from en	nployment or from operati	ing a business during this y	ear or the two previous ca	lendar years?
F	ill in the tota	al amount of income yo	u received from all jobs and	all businesses, including par	t-time activities.	,
l1	you are fili	ng a joint case and you	have income that you recei	ve together, list it only once u	inder Debtor 1.	
	No					
	Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and	Check all that apply.	(before deductions
				exclusions)		and exclusions)

	Debtor 1 Ismail A. Musleh Debtor 2 Rushdieh I. Musleh						Cas	Case number (if known) 17-12658-B-13					
 	Include and oth	incon ner pul	ne regard blic bene	dless of wheth fit payments;	er that incor pensions; re	me is taxable. Ex ental income; inte	camples c erest; divid		alimony; child supp cted from lawsuits;	royalties;	Security, unemployment, and gambling and lottery		
ı	List eac	ch sou	irce and t	the gross inco	me from ea	ch source separa	ately. Do	not include income	that you listed in lir	ne 4.			
	□ No	0											
	■ Ye	es. Fill	in the de	etails.									
					Debtor 1				Debtor 2				
					Sources of Describe b		each (befo	s income from source re deductions and sions)	Sources of inc Describe below		Gross income (before deductions and exclusions)		
				nt year until nkruptcy:	Social Se Benefits	ecurity		\$6,083.00	Social Secur Benefits	ity	\$2,138.29		
					pension			\$351.47					
	last cal uary 1			31, 2016)	Social Se Benefits	ecurity		\$10,428.00	Social Secur Benefits	ity	\$3,665.64		
					pension			\$602.52					
	■ Ye	* es. D D	No. Yes Subject ebtor 1 curing the	Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o	each creditor editor. Do no payments to con 4/01/19 r both have	r to whom you pa ot include payme o an attorney for and every 3 year e primarily cons	aid a total ents for do this bank rs after th umer del	omestic support obli ruptcy case. nat for cases filed or	in one or more pay gations, such as ch n or after the date c	/ments and nild suppor of adjustme	d the total amount you t and alimony. Also, do ent.		
		[□ Yes	include pay		omestic support o					hat creditor. Do not ot include payments to an		
	Credit	tor's N	lame and	d Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was thi	s payment for		
; ;	Insiders of which a busing alimony	s inclu h you ness yo y.	de your r are an of ou operat	elatives; any ficer, director	general pari , person in c roprietor. 11	tners; relatives of control, or owner	f any gen of 20% o	ent on a debt you o eral partners; partne	erships of which yo g securities; and ar	u are a ge ny managi	neral partner; corporations ng agent, including one fo		
				Address		Dates of payme	ent	Total amount	Amount you	Reason	for this payment		
								paid	still owe				

1 07	//21/	17	Case 17-	12658			Doc 12
	otor 1 otor 2	Ismail A. Musleh Rushdieh I. Musleh		Cas	e number (if known)	17-12658-	B-13
8.	inside Includ	e payments on debts guaranteed or cosiç		nents or transfer a	ny property on a	ccount of a d	ebt that benefited an
	_	No /es. List all payments to an insider					
	Insid	er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment ditor's name
Par	t 4:	Identify Legal Actions, Repossessions	s, and Foreclosures				
9.	List all modifi	n 1 year before you filed for bankruptcy I such matters, including personal injury of cations, and contract disputes.					
		es. Fill in the details.					
	Case Case	title number	Nature of the case	Court or agency		Status of th	ne case
10.		n 1 year before you filed for bankrupto a all that apply and fill in the details below.		ty repossessed, f	oreclosed, garnis	hed, attached	d, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.					
		itor Name and Address	Describe the Property		Date		Value of the property
			Explain what happened				property
11.	accou	n 90 days before you filed for bankrupt ints or refuse to make a payment beca No Yes. Fill in the details.		uding a bank or fir	ancial institution	, set off any a	amounts from your
		itor Name and Address	Describe the action the	creditor took	Date :	action was	Amount
12.	court-	n 1 year before you filed for bankruptc appointed receiver, a custodian, or an		ty in the possessi	on of an assigne	e for the bend	efit of creditors, a
	_	√es					
Par	t 5:	List Certain Gifts and Contributions					
13.	I N	n 2 years before you filed for bankrupto No Yes. Fill in the details for each gift.	cy, did you give any gifts	with a total value	of more than \$60	0 per person	?
		with a total value of more than \$600 person	Describe the gifts		Dates the gi	you gave	Value
	Perse Addr	on to Whom You Gave the Gift and ess:					
14.	I N	n 2 years before you filed for bankrupto No Yes. Fill in the details for each gift or contr		or contributions v	vith a total value	of more than	\$600 to any charity?
	Gifts more Char	or contributions to charities that total e than \$600 ity's Name ess (Number, Street, City, State and ZIP Code)		contributed	Dates contr	Value	

Part 6: List Certain Losses

Official Form 107

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Debt Debt	tor 1 Ismail A. Musleh tor 2 Rushdieh I. Musleh		Case number (if known)	17-12658-B-13
(or gambling?			
 	■ No □ Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coveral Include the amount that insurance insurance claims on line 33 of Sc	e has paid. List pending loss	v of your Value of property lost
Part	7: List Certain Payments or Transfe	ers		
(Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	r preparing a bankruptcy petition	,	
[□ No■ Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	Description and value transferred		payment Amount of ansfer was payment e
	Scott Lyons Attorney At Law 1010 W. Main Street Visalia, CA 93291 scottlyons@lyons4justice.com	\$1,500 attorney fees \$310.00 filing fees	7/11	/2017 \$1,810.00
! !	Within 1 year before you filed for bankr promised to help you deal with your crop not include any payment or transfer the	editors or to make payments to ye		sfer any property to anyone who
	☐ Yes. Fill in the details. Person Who Was Paid Address	Description and value transferred		payment Amount of ansfer was payment
t 	Within 2 years before you filed for bank transferred in the ordinary course of you like the properties of your like the properties and transfers and transfers that you have a like the properties and transfers that you have a like the properties and transfers that you have a like the properties and transfers that you have a like the properties are the properties and transfers that you have a like the properties are the properties and transfers that you have a like the properties are t	our business or financial affairs? ers made as security (such as the gr	erwise transfer any property to	anyone, other than property
	Person Who Received Transfer Address	Description and value property transferred	Describe any propayments receive paid in exchange	red or debts made
	Person's relationship to you		para in exertaing	
l 	Within 10 years before you filed for bar beneficiary? (These are often called asso No ☐ Yes. Fill in the details.		perty to a self-settled trust or s	imilar device of which you are a
	Name of trust	Description and value	of the property transferred	Date Transfer was made

Debtor 1 Ismail A. Musleh
Debtor 2 Rushdieh I. Musleh

Case number (if known) 17-12658-B-13

Par	8:	List of Certain Financial Accounts, In	strun	ments, Safe Deposi	t Boxes, and St	orage	Unit	s		
20.	sold Inclu	in 1 year before you filed for bankrupto, moved, or transferred? Ide checking, savings, money market, oses, pension funds, cooperatives, assoc No	or oth	her financial accou	nts; certificates	of de				
		Yes. Fill in the details.								
	Add	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		st 4 digits of count number	Type of account instrument	int or		Date account was closed, sold, moved, or transferred	b	Last balance before closing or transfer
21.		ou now have, or did you have within 1 ya, or other valuables?	year	before you filed for	bankruptcy, ar	ny safe	e dep	osit box or other depos	itory	for securities,
		No Yes. Fill in the details.								
		ne of Financial Institution Iress (Number, Street, City, State and ZIP Code)		Who else had acc Address (Number, S State and ZIP Code)		Desc	ribe 1	the contents		Do you still have it?
22.	Have	e you stored property in a storage unit o	or pla	ace other than your	home within 1	year k	oefor	e you filed for bankrupto	;y?	
	■ No □ Yes. Fill in the details.									
		ne of Storage Facility Iress (Number, Street, City, State and ZIP Code)		Who else has or I to it? Address (Number, S State and ZIP Code)		Desc	ribe 1	the contents		Do you still have it?
Par	9:	Identify Property You Hold or Control	for S	Someone Else						
23.		ou hold or control any property that so omeone.	meo	ne else owns? Incl	ude any propert	y you	borr	owed from, are storing f	or, c	or hold in trust
		No Yes. Fill in the details.								
	_	ner's Name iress (Number, Street, City, State and ZIP Code)		Where is the prop (Number, Street, City, S Code)		Desc	ribe 1	the property		Value
Par	10:	Give Details About Environmental Info	orma	ation						
For	he p	urpose of Part 10, the following definiti	ons a	apply:						
	toxic	ironmental law means any federal, state c substances, wastes, or material into the lations controlling the cleanup of these	he ai	r, land, soil, surfac	e water, ground					
		means any location, facility, or property wn, operate, or utilize it, including dispo	-		environmental l	aw, w	hethe	er you now own, operate	, or	utilize it or used
		ardous material means anything an env Irdous material, pollutant, contaminant,			as a hazardous	waste	e, haz	zardous substance, toxid	c sul	bstance,
Rep	ort al	I notices, releases, and proceedings the	at yo	ou know about, rega	ardless of when	they	occu	rred.		
24.	Has	any governmental unit notified you that	t you	ı may be liable or p	otentially liable	under	or ir	n violation of an environ	men	tal law?
		No Yes. Fill in the details.								
	_			0	:4	_		mmantal law 16		Data of watter
		ne of site Iress (Number, Street, City, State and ZIP Code)		Governmental un Address (Number, S ZIP Code)			nviro now	onmental law, if you it		Date of notice

	otor 1 otor 2	Ismail A. Musleh Rushdieh I. Musleh				Ca	se number (if known)	17-12658-B-	13
25.	Have	you notified any governmental unit o	f any release	of h	nazardous material	?			
		No							
		Yes. Fill in the details.							
		e of site ress (Number, Street, City, State and ZIP Code)		ess (I	ental unit Number, Street, City, Sta	te and	Environmental lav know it	v, if you	Date of notice
26.	Have	you been a party in any judicial or ad	ministrative	proc	eeding under any	environr	mental law? Includ	e settlements a	nd orders.
		No Yes. Fill in the details.							
		e Title e Number	Name) 288 (1	Number, Street, City,	Na	ture of the case		Status of the case
Par	t 11:	Give Details About Your Business or	Connection	s to	Any Business				
27.	Withi	n 4 years before you filed for bankrup	tcy, did you	own	a business or hav	e any of	the following con	nections to any	business?
	1	A sole proprietor or self-employed	in a trade, pı	rofes	ssion, or other acti	vity, eith	er full-time or part-	-time	
	ı	☐ A member of a limited liability com	pany (LLC) o	r lim	nited liability partne	ership (L	LP)		
	ı	☐ A partner in a partnership							
	ı	☐ An officer, director, or managing ex	xecutive of a	corp	poration				
	ı	☐ An owner of at least 5% of the voti	ng or equity :	secu	rities of a corporat	ion			
		No. None of the above applies. Go to	Part 12.						
	_	Yes. Check all that apply above and fi		ils be	elow for each busi	ness.			
		ness Name			ature of the busine		Employer Identif	ication number	
	Add: (Numl	ress per, Street, City, State and ZIP Code)	Name of a	ccoı	untant or bookkeep	er	Do not include S Dates business e	•	number or ITIN.
28.		n 2 years before you filed for bankrup utions, creditors, or other parties.	tcy, did you	give	a financial statem	ent to ar	nyone about your b	ousiness? Inclu	de all financial
	I	No							
		Yes. Fill in the details below.							
	Nam Add		Date Issue	ed					
Par	t 12:	Sign Below							
I havare to with 18 U	ve read true al a bar J.S.C.	d the answers on this <i>Statement of Fi</i> nd correct. I understand that making a kruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.	a false staten \$250,000, o	nent, r imp	, concealing prope	rty, or ol o 20 yea	btaining money or		
		. Musleh			isnaien I. Musien dieh I. Musleh	I			
Sig	nature	e of Debtor 1	Si	gnat	ture of Debtor 2				
Dat	e <u>J</u>	ıly 21, 2017	Da	ate	July 21, 2017				
Did ■ N □ Y	10	tach additional pages to Your Statem	ent of Finand	cial A	Affairs for Individu	als Filin	g for Bankruptcy (C	Official Form 10	7)?
Did ■ N	•	ay or agree to pay someone who is no	ot an attorney	y to I	help you fill out ba	nkruptcy	y forms?		
□ Y		ame of Person Attach the Bankr			parer's Notice, Decla ffairs for Individuals F		•	al Form 119).	0
OIIIC	iai i UIII	olatei	HOIR OF FINALIC	iai Al	ioi muiviuudis l	ming rol	Danki upicy		page 6

Debtor 1 Ismail A. Musleh
Debtor 2 Rushdieh I. Musleh

Case number (if known) 17-12658-B-13

Official Form 107

Fill in this inforr	Fill in this information to identify your case:							
Debtor 1	Ismail A. Musleh							
Debtor 2 (Spouse, if filing)	Rushdieh I. Musleh							
United States E	Bankruptcy Court for the: Eastern District of California							
Case number (if known)	17-12658-B-13							

Check as directed in lines 17 and 21:				
According to the calculations required by this Statement:				
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).			
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).			
	3. The commitment period is 3 years.			
	4. The commitment period is 5 years.			

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

□ Not married. Fill out Column A, lines 2-11.

■ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same regtal property, but the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space

				Column Debtor		Column Debtor non-fili	_
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissio	ons (before all	\$	0.00	\$	0.00
mony and maintenance payments. Do not include lumn B is filled in.	e payme	ents from	a spouse if	\$	0.00	\$	0.00
Il amounts from any source which are regularly party of you or your dependents, including child support om an unmarried partner, members of your househout roommates. Include regular contributions from a seled in. Do not include payments you listed on line 3. Let income from operating a business, rofession, or farm	t. Includ ld, your	le regular depende only if Col	contributions nts, parents,	\$	1,725.00	\$	0.00
Gross receipts (before all deductions)	\$	0.00					
rdinary and necessary operating expenses	-\$	0.00					
et monthly income from a business, profession, or fa	ırm \$	0.00	Copy here ->	\$	0.00	\$	0.00
let income from rental and other real property	Debtor	1					
oss receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
let monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

Filed 07/21/17 Case 17-12658

Ismail A. Musleh

Doc 12

Debtor 1 Debtor 2	Rushdieh I. Musleh		Case numbe	r (<i>if known</i>)	17-12658	-B-13	
			Column A Debtor 1		Column B Debtor 2 c		
7. I n	terest, dividends, and royalties		\$	0.00	\$	0.00	
	nemployment compensation		\$	0.00	\$	0.00	
	o not enter the amount if you contend that the amount received was a bene e Social Security Act. Instead, list it here:	efit unde	r				
		.00					
	For your spouse \$ 0	.00					
	ension or retirement income. Do not include any amount received that we enefit under the Social Security Act.	as a	\$	50.21	\$	0.00	
Do re do	come from all other sources not listed above. Specify the source and a continct of any benefits received under the Social Security Act or payme received as a victim of a war crime, a crime against humanity, or international of the companies of the contraction	nts al or					
			\$	0.00	\$	0.00	
			\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.	+	\$	0.00	\$	0.00	
	alculate your total average monthly income. Add lines 2 through 10 for ach column. Then add the total for Column A to the total for Column B.	\$	1,775.21	+ = _	0.00	= \$	1,775.21
	Opy your total average monthly income from line 11. alculate the marital adjustment. Check one:					\$	1,775.21
	_						
	You are married and your spouse is filing with you. Fill in 0 below.						
	You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse	OT regula	arly paid for th	ne househ e other tha	old expenses In you or you	s of you o	r your ents.
	Below, specify the basis for excluding this income and the amount of in- adjustments on a separate page.	come de	voted to each	n purpose.	If necessary	, list addit	ional
	If this adjustment does not apply, enter 0 below.	•					
		-		_			
		- · · — +\$					
		- <u> </u>		_			
	Total	\$	0.0	O Col	y here=>		0.00
14. Y	Your current monthly income. Subtract line 13 from line 12.					\$	1,775.21
15. (Calculate your current monthly income for the year. Follow these steps	3:					
1	15a. Copy line 14 here=>					\$	1,775.21
	Multiply line 15a by 12 (the number of months in a year).					X	12
1	15b. The result is your current monthly income for the year for this part of	the form				\$	21,302.52

Ismail A. Musleh Debtor 1 17-12658-B-13 Rushdieh I. Musleh Case number (if known) Debtor 2 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. CA 2 16b. Fill in the number of people in your household. 70,245.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 1.775.21 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 1,775.21 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 1,775.21 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 \$ 21,302.52 20b. The result is your current monthly income for the year for this part of the form 70,245.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4. The commitment period is 5 years. Go to Part 4. Part 4: Sian Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Rushdieh I. Musleh X /s/ Ismail A. Musleh Ismail A. Musleh Rushdieh I. Musleh Signature of Debtor 1 Signature of Debtor 2 Date July 21, 2017 Date July 21, 2017

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

MM / DD / YYYY

MM / DD / YYYY

Debtor 1 Ismail A. Musleh
Debtor 2 Rushdieh I. Musleh

Case number (if known)

17-12658-B-13

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2017 to 06/30/2017.

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: Son

Constant income of \$575.00 per month.

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: Son

Constant income of \$575.00 per month.

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: Son

Constant income of \$575.00 per month.

Line 9 - Pension and retirement income

Source of Income: Sweetheart Cup Company c/o The Northern

Constant income of \$50.21 per month.

Non-CMI - Social Security Act Income

Source of Income: Social Security Disability

Income by Month:

6 Months Ago:	01/2017	\$869.00
5 Months Ago:	02/2017	\$869.00
4 Months Ago:	03/2017	\$869.00
3 Months Ago:	04/2017	\$869.00
2 Months Ago:	05/2017	\$869.00
Last Month:	06/2017	\$869.00
	Average per month:	\$869.00

Non-CMI - Social Security Act Income

Source of Income: Supplemental Social Security

Income by Month:

6 Months Ago:	01/2017	\$305.47
5 Months Ago:	02/2017	\$305.47
4 Months Ago:	03/2017	\$305.47
3 Months Ago:	04/2017	\$305.47
2 Months Ago:	05/2017	\$305.47
Last Month:	06/2017	\$305.47
	Average per month:	\$305.47

Debtor 1 Debtor 2 Ismail A. Musleh Rushdieh I. Musleh Case number (if known)

own) 17-12658-B-13

Non-CMI - Social Security Act Income

Source of Income: Supplemental Social Security

Income by Month:

01/2017	\$305.47
02/2017	\$305.47
03/2017	\$305.47
04/2017	\$305.47
05/2017	\$305.47
06/2017	\$305.47
Average per month:	\$305.47
	03/2017 04/2017 05/2017 06/2017

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form

s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of California

In re	Ismail A. Musleh Rushdieh I. Musleh		Case No.	17-12658-B-13
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSA			
co	resuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), impensation paid to me within one year before the filing of rendered on behalf of the debtor(s) in contemplation of or	f the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept			4,000.00
	Prior to the filing of this statement I have received		\$	1,500.00
	Balance Due		\$	2,500.00
2. \$_	310.00 of the filing fee has been paid.			
3. Th	ne source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. Tł	ne source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	I have not agreed to share the above-disclosed compensation	ation with any other person	unless they are memb	pers and associates of my law firm.
	I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names			
5. In	return for the above-disclosed fee, I have agreed to render	r legal service for all aspect	s of the bankruptcy ca	ase, including:
b. c.	Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, stateme Representation of the debtor at the meeting of creditors a [Other provisions as needed]	nt of affairs and plan which	may be required;	
7. B <u>y</u>	y agreement with the debtor(s), the above-disclosed fee doo	es not include the following	g service:	
	C	CERTIFICATION		
	certify that the foregoing is a complete statement of any againkruptcy proceeding.	reement or arrangement for	payment to me for re	presentation of the debtor(s) in
Jul	y 21, 2017	/s/ Scott Lyons		
Dai	te e	Scott Lyons 1039		
		Signature of Attorne Law Office of Sco		
		1010 West Main S	Street	
		Visalia, CA 93291 559-636-8122 Fa		
		scottlyons@lyon		
		Name of law firm	-	